

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ET		10-1-00
O.I.P.E. CLASSIFIER	DW	22	10/19
FORMALITY REVIEW	JA	544	1/06/00
RESPONSE FORMALITY REVIEW	AC	7/42	2/24/01

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      C ..... Objected

Claim	Date
Final	
Original	
1	✓ 4-29-04
2	✓
3	✓
4	✓
5	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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